ARIZONA FORM 120Δ

Arizona Corporation Income Tax Return (Short Form)

2000

	IZUA	Ear toys	blo year haginging MM / DD / VVVV and anding M	IM / DD /	VVVV			
			ble year beginning MM / DD / YYYYY, and ending M				ECK ONE	
D:	oinaga talankana musuk sa	Mail	to: Arizona Department of Revenue, PO Box 29079, Phoenix Name	x AZ 85038-90			ar Fiscal y oyer ID number (
Bu	siness telephone number	Please	ivanie		reue	нагентріс	yei ib numbei ((LEIIA)
()	print	Number and street		AZ v	vithholding	g tax number	
Bu	siness activity code number	or type					9	
	om federal Form 1120)		City or town, state and ZIP code		AZ tı	ansaction	n privilege tax nu	ımber
					For DOR us	e only		
68	Check box if: This	is a first r	eturn Name change Address change					
^	In EEDEDAL water flad							
	Is FEDERAL return filed of If yes, list FEIN of common							
	-	•						
			IZONA consolidated return. Taxpayers cannot use					
	Form 120A to file	an Arizon	a consolidated return.					
В	Is this the corporation's fi	nal ARIZO	NA return? Yes No	81		66	7	
	If yes, check one:	D issolve	d Withdrawn Merged/Reorganized		CHECK BOX IF:		_	
	List FEIN of the successo			82	Federal extension use	ed to file i	return. 82 F	
			Arizona Taxable Income Computation	•				
1	Tavable income nor attac	had fadaral	return			1		00
2	•		ge 2, Schedule A, line A11					00
3			12					00
4			nm page 2, Schedule B, line B12			4		00
5	-		line 3					00
6			forward - attach computation schedule					00
7	Arizona taxable income - s	ubtract line	6 from line 5			7		00
			Arizona Tax Liability Computation					
8	-		e 7 or fifty dollars (\$50), whichever is greater					00
9	•		n Form 300, Part II, line 24					00
10 11			Check this box to send \$5 to the fund and reduce the tax (lir			_ IU _		100
••				, ,	11 A	11		00
12	Nonrefundable tax credits -	from Form	300, Part II, line 47			12		00
13	Credit type - enter form num	mber for ea	ch credit claimed 13 3 1 3 1 3 1 3 1 3 1 1 3 1 1 3 1	3	3			
14	Tax liability - subtract the s	sum of lines	11 and 12 from line 10					00
15			E INSTRUCTIONS BEFORE COMPLETING THIS LINE					00
16	rax liability after Cleaff Ele	Clion Fund	tax credit - subtract line 15 from line 14		•••••	10		
			Tax Payments			1		
17	Refundable tax credits - se			17	00	J		
18 19			ch refundable credit claimed 18 3 3 3 3 20EXT. See instructions		00]		
20			orm 120ES - see instructions		00			
21				·		21		00
			Computation of Total Due or Overpayment					
22	Balance of tax due - If line	16 is larger	than line 21, enter balance of tax due. Skip line 23			22		00
23		-	er than line 16, enter overpayment of tax					00
24	Penalty and interest					. 24		00
25			and interest - If Form 220 is attached, check box		25 A	25		00
26			Fund - see instructions			1 1		00
27 28			any return			. 27 . 28		00
29			1 estimated tax		00			
	Amount to be refunded - s/					30		00

C - L L - L -		A .1.1912	A	
	Δ.	2 Additions	to Layani	I INCOMA

Scne	edule A - Additions to Taxable income						
A 1	Taxes based on income paid to any state (INCLUDING ARIZONA), local governments or foreign governments	A1	00				
A2	Interest on obligations of other states, foreign countries, or political subdivisions		00				
A3	Special deductions claimed on federal return		00				
A4	Federal net operating loss deduction claimed on federal return		00				
A 5	Federal income tax refunds received in the taxable year - see instructions		00				
A6	Commissions and other expenses paid or accrued to a Domestic International Sales Corporation (DISC)		00				
A7	Capital investment by qualified defense contractor - attach schedule		00				
A8	Claim of right adjustments - attach schedule		00				
Α9	Additions related to Arizona tax credits - attach schedule		00				
A10	Other additions to federal taxable income - attach schedule	A10	00				
A11	Total - add lines A1 through A10. Enter total here and on page 1, line 2	A11	00				
Sche	edule B - Subtractions From Taxable Income						
B1	Dividends received from corporations doing 50% or more of their business in Arizona	B1	00				
B2	Dividends received from 50% or more controlled domestic corporations		00				
B3	Foreign dividend gross-up		00				
В4	Dividends received from foreign corporations		00				
B5	Dividends received from a DISC		00				
В6	Interest on U.S. obligations	B6	00				
B7	Agricultural crops charitable contribution		00				
B8	Alternative fuel vehicles and equipment - see instructions	B8	00				
B9	Capital investment by qualified defense contractor - attach schedule	B9	00				
B10	Claim of right adjustment - attach schedule	B10	00				
B11	Other subtractions from federal taxable income - attach schedule	B11	00				
B12	Total - add lines B1 through B11. Enter total here and on page 1, line 4	B12	00				
Sched	dule C - Additional Information						
C1	Date business began in Arizona MM_/_DD_/_YYYYY. Principal business activity						
C2	Address at which tax records are located for audit purposes:						
C3	The taxpayer designates the individual listed below as the person to contact for information concerning this return and authorizes the disclosure of confidential information to this individual. Name and title Phone # ()						
C4	List prior taxable years for which a federal examination has been finalized						
C5 C6	NOTE: ARS § 43-327 requires the taxpayer, within ninety days after final determination, to report these changes up cover to the Arizona Department of Revenue or to file amended returns reporting these changes. Amount of Arizona taxable income for prior taxable year (1999 Form 120A, line 7) Indicate tax accounting method: Cash Accrual Other (Specify method)	nder separate					
Certif	The following certification must be signed by one or more of the following officers (president, treasurer, or any of Under penalties of perjury, I (we), the undersigned officer(s) authorized to sign this return, declare that I (we) has schedules and statements, and to the best of my (our) knowledge and belief, it is a true, correct and complete r	ve examined this return, including					
	pursuant to the income tax laws of the State of Arizona.		,				
Pleas	Ge Officer's signature Title		Date				
Sign	Sor o signaturo	ı	Duic				
Here	Officer's signature Title		Date				
Paid							
Prepa Use C	Pleudiel 2 Mulaible Dale						
	Firm's name (or preparer's, if self-employed)	Preparer's TIN					
۷۵۵۵۵	Firm's address	ZIP code					
マトハ は 03	0025 (00)						